

1135 WAIVER TRACKING REPORT (SUBMISSION EXAMPLE)List Submission Date to the OBRA Office **7-26-20**

1. This report only includes New Admissions that entered your nursing home without the Level I/II Screening.
2. List the date you submit this form to the OBRA Office. (See Above)
3. This report is due every other **FRIDAY**.
4. Alphabetize the Listed Names by the Last Name. (See below Example)
5. Fax this report to **334-353-7661 OR 334-409-6903** AND Call 1-800-548-2188 for questions.

NAME	SSN	ADMIT DATE	DISCHARGE/TRANSFER From Nursing Home DATE & LOCATION	DECEASED DATE	(If Applicable) The Date an accurate Level I Screening was submitted after Nursing Home Admission
Abel, Shirley	111-34-5555	7-15-20	Home 7-24-20		
Arah, Maxine	111-21-5555	6-20-20	Group Home 7-10-20		
Clemons, Taylor	111-22-5555	6-29-20	Baptist Hospital 7-15-20	7-16-20	
Thompson, Angel	111-36-5555	6-26-20			Level I Completed 7-25-20
Watson, Judith	111-54-5555	7-01-20			Level I Completed 7-2-20
Williams, Patrick	111-55-5555	7-09-20			Level I Completed 7-13-20
Worthy, Leone	111-64-5555	6-27-20	Home 7-25-20		
Worthy, Rena	111-78-5555	6-30-20			Level I Completed 7-26-20
Wotter, Beth	111-88-5555	7-20-20			
Wozker, Calvin	111-98-5555	7-23-20			

Facility Name: _____
Address: _____

Completed by: _____

Telephone #: _____

The above is true and correct to the best of my knowledge.

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